

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875)

SERIAL NO. 097831665 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		1					52			
3		1					53			
4	21						54			
5	12						65			
6	51						66			
7	10						67			
8	101						68			
9	1						69			
10	11						60			
11	31						61			
12	13						62			
13	61						63			
14	10						64			
15	1						65			
16	1						66			
17	1						67			
18	31						68			
19	13						69			
20	61						70			
21	10						71			
22	41						72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
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34							84			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	20	→	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	22						TOTAL CLAIMS			